

Kentucky Transportation Cabinet  
Division of Motor Vehicle Licensing  
P. O. Box 2014  
Frankfort, Kentucky 20602-2014  
**Application for Special License Plate**

TC 96-15E  
Rev 7/05



**Please Print or Type:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Pursuant to KRS 186.164**

Must be a non profit organization and in compliance with the parameters of the Kentucky Revised Statutes.

**I am applying for the following special license plate:** Breast Cancer Awareness

**Applications must be submitted to** (Point of Contact Person)

Joyce Jennings, Director

**Name of Organization:** Divison of Women's Physical & Mental Health

**Address:** 275 E Main Street, 3 C-G

**City:** Frankfort

**State:** KY

**Zip:** 40621

**Each application must be accompanied by a check in the amount of \$25.00 made payable to Kentucky State Treasurer.**

**At least 900 applications for a particular plate shall be received within one year or the plate will not be produced.**

**This application will be accepted at any time.**

**Original – Organization**

**Copy - Customer**